THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Safety One Ashburton Place, Room 1301 Boston, MA 02108-1618

our license renewal in the space bel	o along with the requested information for the processing of ow (<i>Do not staple or paperclip photo to form</i>). newal status being changed to "Incomplete" until a proper
PLEASE TAPE AN ORIGINAL PASSPORT PHOTO (2" X 2") WITHIN THE DOTTED AREA	Name: License Number: License Type: Expiration Date:
(DO NOT ATTACH	FORM SENT FROM THE DEPARTMENT OF PUBLIC SANA FEE AS THIS IS NOT A RENEWAL FORM) penalties of perjury that the above information is correct.

Date

Signature of Applicant